

Johns Hopkins University  
 JHU Dental and Vision Plan - Voluntary  
 2025-2026 Final Premium Rates

	Early Fall	Fall	Spring	Annual
	8/1/2025 through 12/31/2025	8/15/2025 through 12/31/2025	1/1/2026 through 8/14/2026	8/15/2025 through 8/14/2026
<b>Delta Dental</b>				
Student*	\$ 93.25	\$ 83.93	\$ 139.88	\$ 223.80
Dependent (+1)	\$ 172.30	\$ 155.07	\$ 258.45	\$ 413.52
Family (2+)	\$ 256.40	\$ 230.76	\$ 384.60	\$ 615.36
<b>EyeMed Vision</b>				
Student*			\$	59.00
Dependent (+1)			\$	59.00
Family (2+)			\$	59.00

\*Dependent rates are inclusive of student only coverage.

\*\* Students who are auto-enrolled in dental and/or vision will be billed for student only coverage via SIS (bursar) bill.